

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Delta Dental Plans Association PAC

Full Name (Last, First, Middle Initial)

A. Anlee Rola

Mailing Address 601 E. Meadowlark Trl.

City State Zip Code
 Sioux Falls SD 57108

FEC ID number of contributing
federal political committee.

C

Name of Employer

Dakota Dental

Occupation

Dentist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 10 07 2015

Transaction ID : SA11AI.6028

Amount of Each Receipt this Period

300.00

Full Name (Last, First, Middle Initial)

B. Joyce Rosenthal

Mailing Address 8438 E Shea Blvd.

City State Zip Code
 Scottsdale AZ 85260

FEC ID number of contributing
federal political committee.

C

Name of Employer

Rosenthal Chiang Dentistry

Occupation

Dentist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 10 07 2015

Transaction ID : SA11AI.6029

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. Jeffrey Russell

Mailing Address 5414 Ingersoll Ave.

City State Zip Code
 Des Moines IA 50312

FEC ID number of contributing
federal political committee.

C

Name of Employer

Delta Dental of Iowa

Occupation

President & CEO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 10 07 2015

Transaction ID : SA11AI.6030

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

1050.00